

Special Correspondence

The Edinburgh Letter

(From our own correspondent)

The last few years have seen a marked development in the hospital arrangements pertaining throughout Scotland. Every part of the country has its own peculiar problems to face. Until recently the voluntary hospitals in the larger cities had difficulty in dealing with the long waiting lists of patients, while in the more rural parts of the country attempts have been made to treat patients on the spot by the creation of a local hospital service. A great deal of interest has been aroused in the question of medical service, and although we hear on every hand, gloomy prognostications that the voluntary hospital system is doomed, evidence appears to be forthcoming that this is not the case. At present the voluntary hospitals in Scotland provide 9,000 out of 25,000 hospital beds. Heroic efforts have been made to raise funds in many places by means of flag days, hospital days, pageants and processions.

Eighteen months ago the city of Aberdeen set out to collect the sum of £400,000 for the erection of a new hospital. Towards that amount, the sum of £341,000 has already been raised, by the freewill offerings of the people of this reputedly parsimonious city. The present Infirmary is an old institution with a history that goes back two hundred years. Although it has steadily moved forward in an endeavour to keep pace with the growth of population and in keeping with modern medical requirements, it is now felt that it is no longer adequate to meet the needs of the times. Its environment in a noisy, busy part of the city is not satisfactory, and the new hospital is to be situated in more peaceful surroundings at Foresthill. This new institution is to be merely part of a large scheme comprising the other Aberdeen hospitals—the present Royal Infirmary and Old Mill Hospital. This project was the dream of Emeritus Professor Matthew Hay, the famous medical officer of the city, and has the ultimate object of concentrating the medical services of the city on the new site. The foundation stone of the new hospital was laid on August 29th by the Prince of Wales, who was accompanied by his brother the Duke of Gloucester.

The people of Stirling have also gone outside their city in search of quiet and fresh air. The new Stirling Royal Infirmary, which was opened by the Duke and Duchess of York on the 10th of August, is situated south-west of the town, no great distance from the historic field of Bannockburn. The building contains four surgical, two medical wards, and a children's ward. It also contains a maternity block, accommodating

twenty patients. Unusually large balconies have been provided at the ends of the wards so that the patients can be wheeled outside in their beds. When finally completed, Stirling will have one of the most up-to-date hospitals in the kingdom.

Dunfermline, the burial place of King Robert the Bruce, and Malcolm Canmore's seat of government, has just completed a considerable addition to its present hospital. This institution has for years played a most useful part in the economic life of west Fife. This is a thickly populated neighbourhood and one of the leading coal fields of Scotland. Accidents, injuries, and occupational disorders are frequent, and the Dunfermline Hospital has long enjoyed a high reputation.

In Edinburgh, after fourteen years occupation as a military and pensions hospital, Craigleith Hospital is about to revert to its former use as a Poor Law Hospital. This will mean the addition of some six hundred beds to the requirements of the city. These are badly needed as the two present Poor Law hospitals at Craighlockhart and Seafield are much overcrowded.

In addition a new hospital is to be opened on the south side of Edinburgh for the treatment of crippled children. This new institution is to function with cottage hospitals in the outlying districts and will be the central point of a service linking up the orthopaedic treatment in the south east of Scotland. It is expected that this scheme will form an example which will be adopted in other parts of the country.

At the same time, the directors of the National Institution for mental defectives, at Larbert, Stirlingshire, are eliciting public support for an industrial colony scheme. This institution is the only national voluntary organization in Scotland for mental defectives and has been in existence for sixty-eight years, providing a home and training for more than five hundred defectives under twenty-one years of age. The directors wish to provide for defectives over twenty-one years, and with this in view have purchased Larbert House and estate, where it is proposed to establish a farm colony.

A branch of the Scottish National Institution for Blinded Sailors and Soldiers has just been opened in Glasgow. The headquarters of this institution is Newington House, Edinburgh, where it will remain. The new branch in Glasgow will provide accommodation for nineteen men. These men will receive instruction in boot-repairing, basket, brush and mat making, poultry farming, and pig breeding. At the conclusion of their training they will be settled in various places throughout the country. Positions have already been provided for one hundred and

forty men in different spheres, and most of them have done well.

The more populous parts of the country have not been the only places to put their hospitals in order. At Inverness, the capital of the Highlands, the Northern Infirmary is being enlarged and reconstructed. The scheme is to cost £100,000, of which more than £74,000 have already been voluntarily subscribed. A handsome donation to the funds of the scheme was received from Mr. Alexander Edward of Forres, who has gifted to the Northern Infirmary the estate of Kintail, one of the best sporting properties in the Western Highlands. The value of this new possession is between £40,000 and £50,000, with an annual rental of £3,000. It has been suggested that, when the improvements are completed, a scheme of co-operation should be instituted between this Infirmary and the smaller local hospitals at Dingwall and at Fort William in distant Lochaber.

During the month of August a surgical specialist was appointed to the Orkney Islands, under the Scottish Board of Health, Highlands and Islands scheme. He will reside at Kirkwall, where he will be in charge of the surgical work at the Balfour Hospital, and his services will be available for consultation through the Islands. The appointment of a surgical specialist to the Orkney Islands, which was foreshadowed in this letter last January, puts the Orcadian Archipelago on an equal footing with the Island of Lewis and the Shetland Isles, where similar arrangements have been in force for some years, and have been most successful.

The following extract from an Aberdeen daily paper shows that the invasion of England has not yet been accomplished, though it appears to be progressing satisfactorily: "Dr. James Stirling Anderson, an assistant to the medical officer at Manchester, and a graduate of Aberdeen University, has been appointed medical superintendent of Seacroft Hospitals, Leeds. The short list from which the appointment was made by Leeds City Council formed the subject of a protest by a councillor against the alleged invasion of Leeds of so many Scots people. Alderman A. Masser deplored the fact that a Leeds man, who had acted as assistant superintendent of the hospitals for seven years, had not been appointed, and complained that of the short list of four, three were from Scotland. He added: 'There has been an unfortunate tendency in this council in recent years to scour Scotland whenever any person is required for any important post. I am told that if you go to the Health Department of Leeds as an Englishman you cannot understand what they are talking about. They are all Scottish. I suggest that we scrap our escutcheon altogether. Why not adopt the

thistle and the kilt, and have as our motto, Scotland for ever!—Nobody but Scotsmen need apply!'"

GEORGE GIBSON

23, Cluny Terrace, Edinburgh.

The London Letter

(From our own correspondent)

It is of significance that the bulk of the annual report for 1927 of the Medical Officer of Health for the County of London is concerned with the School Medical Service, for it is gradually being realized that healthy children mean healthy adults, and where there are over four-and-a-half million people in one health district, as there are in the London County Council area, success attends attention to details. For example, the teeth of the London child have improved very remarkably during the last twenty years. In 1906 a dental inspection of a group of children at a certain school in London was carried out, and in 1927 at the same school a similar examination was made of children in the same sex and age groups as in 1906. The improvement is shown by a decrease in carious teeth from an average of 7.4 per child in 1906 to 2.1 in 1927. It was also found that 21.5 per cent of the children were quite free from any dental or oral disease in 1927, and in 1906 not one was thus clear, while the number of cases with enlarged submaxillary glands had fallen from 218 to 65. This result is achieved by a school dental service which treats 125,000 children yearly. More recent developments of "detailed" work for the London child are shown in a diphtheria-carriers' clinic established at Guy's Hospital in 1926 with great success, and a special unit for dealing with post-encephalitic patients under the age of sixteen which has fully justified the experiment although, of course, positive curative results are not expected. Another example of attention to detail is shown by a controversy over desks in the schools. Footrests were discarded many years ago, but recently certain head teachers advanced specious arguments in their favour. A medical officer of the school service investigated the subject and reported that the arguments were "either erroneous or unsubstantial," so foot rests were not introduced!

As has frequently been mentioned before in these letters the hospital system in this country is in a curious state and a good exercise in explaining the impossible awaits anyone who tries to expound our methods to a foreign visitor. One result of the present situation is that since very few hospitals are strictly "voluntary", and in many institutions patients are asked to pay according to their means, those just above the "hospital class" (a horrid phrase!) are demanding to be allowed to pay for the privilege of getting much better attention than they can